

ROUTE: _____ DES NO.: _____ PROJECT NO.: _____

COUNTY: _____

FHWA OVERSIGHT: YES NO *[Click on one]*

PROPRIETARY MATERIAL:

[Include a description of the project, situation being addressed, alternative solutions considered, and reason(s) why the proprietary item was chosen. Include an evaluation work plan for each experimental or research item.]

PREPARED BY: _____ Date: _____

Based upon the above justification, the use of the proprietary material listed is in the public interest and is hereby approved.

APPROVED: _____	_____
Chief, Design Division, INDOT	Division Administrator, FHWA
Date: _____	Date: _____

[FHWA approval is required for project with FHWA oversight.]